

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000006826

Entity Name: FRAME ONE LLC**Current Principal Place of Business:**213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561**Current Mailing Address:**213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561 US**FEI Number:** 84-4259973**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMMA, GLEN E
213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	GLEN SOMMA	Name	WEEKLEY, GARY SEAN
Address	213 NORTHCLIFFE DR.	Address	3171 AUBURN PARKWAY
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	GULF BRE FL 32561
Title	AUTHORIZED MEMBER		
Name	GOEBEL II, MICHAEL ANTHONY		
Address	801 N WENT WORTH ST		
City-State-Zip:	PENSACOLA FL 32541		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLEN SOMMA

MANAGER

02/22/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date